

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

COREY GENE SCOTT,

Plaintiff,

v.

CAROLYN W. COLVIN,

Defendant.

NO: 15-CV-0065-FVS

ORDER GRANTING DEFENDANT'S
MOTION FOR SUMMARY
JUDGMENT AND DENYING
PLAINTIFF'S MOTION FOR
SUMMARY JUDGMENT

BEFORE THE COURT are the parties' cross motions for summary judgment. ECF Nos. 12 and 14. This matter was submitted for consideration without oral argument. Plaintiff was represented by Dana C. Madsen. Defendant was represented by Jordan D. Goddard. The Court has reviewed the administrative record and the parties' completed briefing and is fully informed. For the reasons discussed below, the court **GRANTS** Defendant's Motion for Summary Judgment, ECF No. 14, and **DENIES** Plaintiff's Motion for Summary Judgment, ECF No. 12.

ORDER GRANTING DEFENDANT'S MOTION FOR SUMMARY
JUDGMENT AND DENYING PLAINTIFF'S MOTION FOR SUMMARY
JUDGMENT ~ 1

JURISDICTION

The Court has jurisdiction over this case pursuant to 42 U.S.C. §§ 405(g); 1383(c)(3).

STANDARD OF REVIEW

A district court's review of a final decision of the Commissioner of Social Security is governed by 42 U.S.C. § 405(g). The scope of review under § 405(g) is limited: the Commissioner's decision will be disturbed “only if it is not supported by substantial evidence or is based on legal error.” *Hill v. Astrue*, 698 F.3d 1153, 1158–59 (9th Cir. 2012) (citing 42 U.S.C. § 405(g)). “Substantial evidence” means relevant evidence that “a reasonable mind might accept as adequate to support a conclusion.” *Id.* at 1159 (quotation and citation omitted). Stated differently, substantial evidence equates to “more than a mere scintilla[,] but less than a preponderance.” *Id.* (quotation and citation omitted). In determining whether this standard has been satisfied, a reviewing court must consider the entire record as a whole rather than searching for supporting evidence in isolation. *Id.*

In reviewing a denial of benefits, a district court may not substitute its judgment for that of the Commissioner. If the evidence in the record “is susceptible to more than one rational interpretation, [the court] must uphold the ALJ's findings if they are supported by inferences reasonably drawn from the record.” *Molina v. Astrue*, 674 F.3d 1104, 1111 (9th Cir. 2012). Further, a district court “may not

1 reverse an ALJ's decision on account of an error that is harmless.” *Id.* at 1111. An
2 error is harmless “where it is inconsequential to the [ALJ's] ultimate nondisability
3 determination.” *Id.* at 1115 (quotation and citation omitted). The party appealing
4 the ALJ's decision generally bears the burden of establishing that it was harmed.
5 *Shinseki v. Sanders*, 556 U.S. 396, 409–10 (2009).

6 **FIVE-STEP SEQUENTIAL EVALUATION PROCESS**

7 A claimant must satisfy two conditions to be considered “disabled” within
8 the meaning of the Social Security Act. First, the claimant must be “unable to
9 engage in any substantial gainful activity by reason of any medically determinable
10 physical or mental impairment which can be expected to result in death or which
11 has lasted or can be expected to last for a continuous period of not less than twelve
12 months.” 42 U.S.C. § 1382c(a)(3)(A). Second, the claimant's impairment must be
13 “of such severity that he is not only unable to do his previous work[,] but cannot,
14 considering his age, education, and work experience, engage in any other kind of
15 substantial gainful work which exists in the national economy.” 42 U.S.C. §
16 1382c(a)(3)(B).

17 The Commissioner has established a five-step sequential analysis to
18 determine whether a claimant satisfies the above criteria. *See* 20 C.F.R. §§
19 404.1520(a)(4)(i)-(v); 416.920(a)(4) (i)-(v). At step one, the Commissioner
20 considers the claimant's work activity. 20 C.F.R. §§ 404.1520(a)(4)(i);

1 416.920(a)(4)(i). If the claimant is engaged in “substantial gainful activity,” the
2 Commissioner must find that the claimant is not disabled. 20 C.F.R. §§
3 404.1520(b); 416.920(b).

4 If the claimant is not engaged in substantial gainful activities, the analysis
5 proceeds to step two. At this step, the Commissioner considers the severity of the
6 claimant's impairment. 20 C.F.R. §§ 404.1520(a)(4)(ii); 416.920(a)(4)(ii). If the
7 claimant suffers from “any impairment or combination of impairments which
8 significantly limits [his or her] physical or mental ability to do basic work
9 activities,” the analysis proceeds to step three. 20 C.F.R. §§ 404.1520(c);
10 416.920(c). If the claimant's impairment does not satisfy this severity threshold,
11 however, the Commissioner must find that the claimant is not disabled. *Id.*

12 At step three, the Commissioner compares the claimant's impairment to
13 several impairments recognized by the Commissioner to be so severe as to
14 preclude a person from engaging in substantial gainful activity. 20 C.F.R. §§
15 404.1520(a)(4)(iii); 416.920(a) (4)(iii). If the impairment is as severe or more
16 severe than one of the enumerated impairments, the Commissioner must find the
17 claimant disabled and award benefits. 20 C.F.R. §§ 404.1520(d); 416.920(d).

18 If the severity of the claimant's impairment does meet or exceed the severity
19 of the enumerated impairments, the Commissioner must pause to assess the
20 claimant's “residual functional capacity.” Residual functional capacity (“RFC”),

1 defined generally as the claimant's ability to perform physical and mental work
2 activities on a sustained basis despite his or her limitations (20 C.F.R. §§
3 404.1545(a)(1); 416.945(a)(1)), is relevant to both the fourth and fifth steps of the
4 analysis.

5 At step four, the Commissioner considers whether, in view of the claimant's
6 RFC, the claimant is capable of performing work that he or she has performed in
7 the past ("past relevant work"). 20 C.F.R. §§ 404.1520(a)(4)(iv); 416.920(a)(4)(iv).
8 If the claimant is capable of performing past relevant work, the Commissioner
9 must find that the claimant is not disabled. 20 C.F.R. § § 404.1520(f); 416.920(f).
10 If the claimant is incapable of performing such work, the analysis proceeds to step
11 five.

12 At step five, the Commissioner considers whether, in view of the claimant's
13 RFC, the claimant is capable of performing other work in the national economy. 20
14 C.F.R. §§ 404.1520(a)(4)(v); 416.920(a)(4)(v). In making this determination, the
15 Commissioner must also consider vocational factors such as the claimant's age,
16 education and work experience. *Id.* If the claimant is capable of adjusting to other
17 work, the Commissioner must find that the claimant is not disabled. 20 C.F.R. § §
18 404.1520(g)(1); 416.920(g)(1). If the claimant is not capable of adjusting to other
19 work, the analysis concludes with a finding that the claimant is disabled and is
20 therefore entitled to benefits. *Id.*

1 The claimant bears the burden of proof at steps one through four above.
2 *Lockwood v. Comm'r of Soc. Sec. Admin.*, 616 F.3d 1068, 1071 (9th Cir. 2010). If
3 the analysis proceeds to step five, the burden shifts to the Commissioner to
4 establish that (1) the claimant is capable of performing other work; and (2) such
5 work “exists in significant numbers in the national economy.” 20 C.F.R. § §
6 404.1560(c); 416.960(c)(2); *Beltran v. Astrue*, 700 F.3d 386, 389 (9th Cir. 2012).

7 **ALJ’S FINDINGS**

8 Plaintiff Corey Gene Scott filed an application for supplemental security
9 income (“SSI”), alleging an onset date of July 31, 2007. Tr. 132-38. Benefits were
10 denied initially and upon reconsideration. Tr. 93-96, 103-105. Plaintiff requested a
11 hearing before an administrative law judge (“ALJ”), which was held before ALJ
12 Lori Freund on June 18, 2013. Tr. 36-70. The ALJ denied benefits (Tr. 16-35) and
13 the Appeals Council denied review (Tr. 1).

14 At step one, the ALJ found Plaintiff has not engaged in substantial gainful
15 activity since November 1, 2011, the application date. Tr. 21. At step two, the ALJ
16 found Plaintiff has the following severe impairments: nonunion right hand
17 scaphoid fracture; attention deficit hyperactivity disorder (“ADHD”); marijuana
18 dependence; alcohol dependence, in reported remission; and history of
19 polysubstance use. Tr. 21. At step three, the ALJ found that Plaintiff does not have
20 an impairment or combination of impairments that meets or medically equals one

1 of the listed impairments in 20 C.F.R. Part 404, Subpt. P, App'x 1. Tr. 21. The
2 ALJ then found that Plaintiff had the RFC

3 to perform light work as defined in 20 CFR 416.967(b) except lifting and
4 carrying 10 pounds occasionally and 10 pounds frequently with the right
5 upper extremity only; lifting and carrying 20 pounds occasionally and 10
6 pounds frequently with the left upper extremity; stand, walk and sit 6 hours
7 out of 8 hours workday with a sit/stand option at 45 minute intervals;
8 occasional push and pull with the right upper extremity, crawl, stoop,
9 climbing of ramps and stairs; frequently handle objects with the right upper
10 extremity; never climb ladder, ropes or scaffolds; frequently kneel, crouch
11 and balance; avoid concentrated exposure to extreme cold, excessive
12 vibration, and hazards; limited to simple, routine and repetitive tasks;
13 superficial interaction with the public; occasional interaction with
14 coworkers; would work best with no tandem tasks performed.

15 Tr. 23. At step four, the ALJ found Plaintiff is unable to perform any past relevant
16 work. Tr. 30. At step five, the ALJ found that considering the Plaintiff's age,
17 education, work experience, and RFC, there are jobs that exist in significant
18 numbers in the national economy that Plaintiff can perform. Tr. 31. The ALJ
19 concluded that Plaintiff has not been under a disability, as defined in the Social
20 Security Act, since November 1, 2011, the date the application was filed. Tr. 32.

ISSUES

16 The question is whether the ALJ's decision is supported by substantial
17 evidence and free of legal error. Specifically, Plaintiff asserts: (1) the ALJ
18 improperly discredited Plaintiff's symptom claims; and (2) the ALJ failed to
19 properly consider and weigh the medical opinion evidence. ECF No. 12 at 8-17.

1 Defendant argues: (1) the ALJ properly evaluated Plaintiff's credibility; and (2) the
2 ALJ properly evaluated the medical opinion evidence. ECF No. 14 at 3-21.

3 DISCUSSION

4 A. Adverse Credibility Finding

5 In social security proceedings, a claimant must prove the existence of
6 physical or mental impairment with "medical evidence consisting of signs,
7 symptoms, and laboratory findings." 20 C.F.R. §§ 416.908; 416.927. A claimant's
8 statements about his or her symptoms alone will not suffice. *Id.* Once an
9 impairment has been proven to exist, the claimant need not offer further medical
10 evidence to substantiate the alleged severity of his or her symptoms. *Bunnell v.*
11 *Sullivan*, 947 F.2d 341, 345 (9th Cir. 1991) (en banc). As long as the impairment
12 "could reasonably be expected to produce [the] symptoms," the claimant may offer
13 a subjective evaluation as to the severity of the impairment. *Id.* This rule
14 recognizes that the severity of a claimant's symptoms "cannot be objectively
15 verified or measured." *Id.* at 347 (quotation and citation omitted).

16 If an ALJ finds the claimant's subjective assessment unreliable, "the ALJ
17 must make a credibility determination with findings sufficiently specific to permit
18 [a reviewing] court to conclude that the ALJ did not arbitrarily discredit claimant's
19 testimony." *Thomas v. Barnhart*, 278 F.3d 947, 958 (9th Cir. 2002). In making this
20 determination, the ALJ may consider, *inter alia*: (1) the claimant's reputation for

1 truthfulness; (2) inconsistencies in the claimant's testimony or between his
2 testimony and his conduct; (3) the claimant's daily living activities; (4) the
3 claimant's work record; and (5) testimony from physicians or third parties
4 concerning the nature, severity, and effect of the claimant's condition. *Id.* Absent
5 any evidence of malingering, the ALJ's reasons for discrediting the claimant's
6 testimony must be "specific, clear and convincing." *Chaudhry v. Astrue*, 688 F.3d
7 661, 672 (9th Cir. 2012) (quotation and citation omitted).¹ In this case, the ALJ
8 found "the claimant's statements concerning the intensity, persistence and limiting
9
10

11 ¹ Defendant argues that the ALJ provided several valid reasons to find Plaintiff less
12 than credible, "and each is supported by substantial evidence." ECF No. 14 at 11.
13 The court declines to apply this lesser standard of review to the ALJ's credibility
14 findings. The Ninth Circuit recently reaffirmed in *Garrison v. Colvin* that "the ALJ
15 can reject the claimant's testimony about the severity of her symptoms only by
16 offering specific, clear and convincing reasons for doing so;" and further noted that
17 "[t]he governments suggestion that we should apply a lesser standard than 'clear
18 and convincing' lacks any support in precedent and must be rejected." *Garrison v.*
19 *Colvin*, 759 F.3d 995, 1015 n. 18 (9th Cir. 2014); *see also Burrell v. Colvin*, 775
20 F.3d 1133, 1137 (9th Cir. 2014).

1 effects of [his] symptoms are not entirely credible for the reasons explained in this
2 decision.” Tr. 28.

3 First, the ALJ found that “[i]n terms of the claimant’s alleged physical and
4 mental conditions and their corresponding symptoms, the evidence fails to
5 demonstrate that he is totally disabled as a result.” Tr. 28. Subjective testimony
6 cannot be rejected solely because it is not corroborated by objective medical
7 findings, but medical evidence is a relevant factor in determining the severity of a
8 claimant’s impairments. *Rollins v. Massanari*, 261 F.3d 853, 857 (9th Cir. 2001).
9 In support of this argument, the ALJ cites the results of Dr. Jeanette Higgins’
10 mental status exam that “do not support [Plaintiff’s] opinion that he is unable to
11 perform any work activities,” including: normal gait; mild hyperkinesia; speech
12 within normal limits in rate and tone; adequate eye contact; behavioral approach
13 was cooperative; affect was full range and spontaneous; thought process was
14 coherent and goal directed but for mild tangentiality; thought content was within
15 normal limits; perceptual disturbances were neither reported or observed; and he
16 was oriented to person, place, time and situation. Tr. 29 (citing Tr. 203-204).

17 Plaintiff argues the ALJ improperly “culled” Dr. Higgins’ report for benign
18 findings but ignored findings that supported Plaintiff’s claim including a GAF of
19 50, and mild to moderate work-related limitations in several areas of functioning.
20 ECF No. 12 at 9-10 (citing Tr. 204). However, the ALJ did recount all of the

1 limitations opined by Dr. Higgins in the decision, including, while not identified by
2 Plaintiff, Dr. Higgins' ultimate finding that Plaintiff "could likely function in a
3 work environment that did not require independent decision making
4 responsibilities and had firm, consistent, and available supervision." Tr. 27 (citing
5 Tr. 204).

6 Plaintiff also argues that Dr. Kevin Weeks' physical "assessment is entirely
7 consistent with [Plaintiff's] physical claims involving [his] back and wrist as Dr.
8 Weeks notes a limited range of lumbar motion and poor straight leg raising [; and
9 diagnoses] chronic nonunion of right scaphoid [wrist] and back pain and stiffness."
10 ECF No. 12 at 10 (citing Tr. 209-210). However, as noted by Defendant and
11 reflected in the ALJ's decision, aside from pain and stiffness in his back and mildly
12 decreased grip strength in his right hand, Dr. Weeks' physical examination was
13 "otherwise unremarkable," including: normal gait; normal cervical range of
14 motion; no deformity and normal range of motion of wrist joints; no obvious
15 paravertebral muscle spasms, tenderness, crepitus, or effusions; 5/5 motor strength
16 except for mildly decreased grip strength right hand; light touch and pinprick
17 intact; and vibratory sense intact. ECF No. 14 at 5 (citing Tr. 27, 209-10). The ALJ
18 also considered January 2012 negative x-rays of Plaintiff's lumbar spine, C-spine,
19 and T-spine; as well as x-rays of the right wrist showing nonunion of the right
20 scaphoid. Tr. 27 (citing Tr. 207). Overall, despite Plaintiff's argument that

1 evidence in the record would tend support to his claimed limitations, “where
2 evidence is susceptible to more than one rational interpretation, it is the
3 [Commissioner’s] conclusion that must be upheld.” *Burch v. Barnhart*, 400 F.3d
4 676, 679 (9th Cir. 2005). Thus, the lack of corroboration of Plaintiff’s testimony in
5 the medical record as a whole was properly considered by the ALJ, as it did not
6 form the sole basis for the adverse credibility finding.

7 Second, the ALJ found that “[a] review of the claimant’s work history shows
8 the claimant worked only sporadically prior to the alleged disability onset date,
9 which raises a question as to whether the claimant’s continuing unemployment is
10 actually due to medical impairments.”² Tr. 28. Poor work history is an appropriate

12 ² The ALJ also noted that Plaintiff “indicated that he did not stop working due to
13 his impairments but rather that he stopped because he was late for work three days
14 in a row.” Tr. 28 (citing Tr. 154). An ALJ may properly discount Plaintiff’s
15 credibility in part due to not working for reasons other than his or her alleged
16 impairment. *See Bruton v. Massanari*, 268 F.3d 824, 828 (9th Cir. 2001).

17 However, in this case, Plaintiff consistently reported that he was late for work three
18 days in a row *because of* his alleged back pain (Tr. 42-43, 207), and therefore this
19 particular reason for discounting Plaintiff’s credibility was not clear, convincing
20 and supported by substantial evidence. However, any error was harmless because

1 factor to consider when evaluating Plaintiff's credibility. *See Thomas*, 278 F.3d at
2 959. Plaintiff argues the record "consistently shows" that he continues to suffer
3 from injuries to his back sustained when he was four years old, and a wrist injury
4 from 20 years ago that never healed. ECF No. 12 at 10. However, the records cited
5 by Plaintiff to support this argument are comprised entirely of Plaintiff's self-
6 report to medical providers. *See* Tr. 202, 203, 207, 276. Moreover, as noted by
7 Defendant, the record confirms the ALJ's finding that Plaintiff had a sporadic work
8 history with poor earnings between 1991 and his alleged onset date in 2007,
9 including multiple years with no reported earnings. ECF No. 14 at 7-8 (citing Tr.
10 139-44, 147-48). This was a specific, clear and convincing reason to discount
11 Plaintiff's credibility.

12 Third, the ALJ found that "despite the complaints of allegedly disabling
13 symptoms, there have been significant periods of time since the alleged onset date
14 that [Plaintiff] has not taken any medications." Tr. 28. Rather, as noted by the ALJ,
15 Plaintiff testified that he only takes over-the-counter medications, "which suggests
16 that the symptoms may not have been as limiting as the claimant has alleged in
17

18 the remaining reasoning and ultimate credibility finding is adequately supported by
19 substantial evidence. *See Carmickle v. Comm'r Soc. Sec. Admin.*, 533 F.3d 1155,
20 1162-63 (9th Cir. 2008).

1 connection with this application.” Tr. 28. Similarly, the ALJ found Plaintiff’s lack
2 of medical care since 2008 “casts significant doubt on the extent to which the
3 claimant has been limited by symptoms.” Tr. 29. Unexplained, or inadequately
4 explained, failure to seek treatment or follow a prescribed course of treatment may
5 be the basis for an adverse credibility finding unless there is a showing of a good
6 reason for the failure. *Orn v. Astrue*, 495 F.3d 625, 638 (9th Cir. 2007); *see also*
7 *Parra v. Astrue*, 481 F.3d 742, 751 (9th Cir. 2007) (treatment of physical ailments
8 with over-the-counter pain medication was “evidence of conservative treatment”
9 sufficient to discount claimant’s credibility). However, an ALJ “must not draw any
10 inferences about an individual’s symptoms and their functional effects from a
11 failure to seek or pursue regular medical treatment without first considering any
12 explanations that the individual may provide, or other information in the case
13 record, that may explain infrequent or irregular medical visits or failure to seek
14 medical treatment.” Social Security Ruling (“SSR”) 96-7p (July 2, 1996), *available*
15 *at* 1996 WL 374186 at *7. Specifically, disability benefits may not be denied
16 because of a claimant’s inability to afford treatment. *See Gamble v. Chater*, 68
17 F.3d 319, 321 (9th Cir. 1995).

18 Plaintiff argues that “it is not appropriate for [the ALJ] to disregard
19 [Plaintiff’s] impairment claim for lack of funds.” ECF No. 12 at 10-11. Here,
20 Plaintiff testified that he doesn’t “get any medical right now” and hasn’t since

1 2006. Tr. 44. He also testified that he hasn't been to a regular doctor in a non-
2 emergency setting since 2006, and the only treatment he has had since 2007 was
3 pain medication and muscle relaxers prescribed after an ER visit for back pain. Tr.
4 45, 47-49. He has been using over-the-counter medication "once or twice a day"
5 since 2007, and had "no way of filling the prescription" for naproxen. Tr. 48-50.
6 Plaintiff testified he "just dealt with the pain" between 2007 and his ER visit in
7 2012. Tr. 49. Presumably in recognition of this testimony, the ALJ did note that
8 "financial constraints may have affected [Plaintiff's] inability to obtain medical
9 care," however, the ALJ found "one would still expect to find a greater degree of
10 effort to alleviate symptoms if they were as limiting as alleged." Tr. 28-29. In
11 support of this finding, the ALJ cites Plaintiff's report during a 2013 ER visit that
12 "when [his back pain] gets bad, he comes to the ER to see if he can get something
13 for pain control." Tr. 29, 276. However, as noted by the ALJ, there are no
14 emergency records to confirm these allegations. Tr. 29. The 2013 ER report of
15 back pain is the only ER visit during the adjudicatory period complaining of wrist
16 or back pain, and records indicate Plaintiff is "not a frequent user of the ER
17 system." *See* Tr. 277. Moreover, the court notes that despite testimony that he did
18 not have medical insurance, Plaintiff reported to Dr. Higgins in January 2012 that
19 he did not take medication, and that he received medical care through the CHAS
20 clinic. Tr. 202. Based on the record as a whole, the court finds it was reasonable

1 for the ALJ to consider Plaintiff's failure to seek treatment, including pain
2 medication, in making the adverse credibility finding. *See Burch*, 400 F.3d at 679
3 ("where evidence is susceptible to more than one rational interpretation, it is the
4 [Commissioner's] conclusion that must be upheld."). And even assuming,
5 arguendo, that the ALJ did err in this reasoning, any error is harmless because the
6 ALJ's ultimate credibility finding is adequately supported by substantial evidence.
7 *See Carmickle v. Comm'r Soc. Sec. Admin.*, 533 F.3d 1155, 1162-63 (9th Cir.
8 2008).

9 Fourth, the ALJ noted multiple inconsistencies that undermine Plaintiff's
10 credibility. Tr. 29. "One strong indication of the credibility of an individual's
11 statements is their consistency, both internally and with other information in the
12 case record." SSR 96-7, *available at* 1996 WL 374186 at *5; *see also Smolen v.*
13 *Chater*, 80 F.3d 1273, 1284 (9th Cir. 1996) (ALJ may rely on ordinary techniques
14 of credibility evaluation). Here, the ALJ notes Plaintiff's inconsistent reports
15 regarding his marijuana use. Tr. 29. Dr. Higgins found that Plaintiff gave
16 "inconsistent reasons" for using marijuana, including: "[m]y wife made me keep
17 smoking because I'm such an asshole when I don't. They prescribed medical
18 marijuana when I was in rehab to help with my PTSD. Regular medication didn't
19 help." Tr. 29, 203. Plaintiff generally argues "it is not unreasonable to assume that
20 over time, the basis for his [marijuana] use simply evolved." ECF No. 12 at 12.

1 However, conflicting or inconsistent statements concerning drug use can contribute
2 to an adverse credibility finding. *Thomas*, 278 F.3d at 959; *see also Bunnell*, 947
3 F.2d at 346 (an ALJ may discredit a claimant's allegations based on relevant
4 character evidence).

5 The ALJ also notes that the record contains inconsistent reports regarding
6 Plaintiff's educational background. Tr. 29. Plaintiff reported to Dr. Higgins that he
7 was expelled in the ninth grade for smoking marijuana, that he never returned to
8 school or earned a GED, and that he was in special education for reading, writing
9 and math. Tr. 29 (citing Tr. 20). However, on his Disability Report, he stated that
10 he earned his GED in 1992 and he did not attend special education classes. Tr. 155.
11 Then, during the hearing Plaintiff stated he was in Job Corps in 1992, but he left
12 Job Corps when he was 85 percent complete in his trade, and did not get his GED.
13 Tr. 61-62. Additionally, the ALJ notes an inconsistency between Plaintiff's report
14 to Dr. Higgins that his sleep was "pretty bad" because of back pain (Tr. 202); and
15 his report to Dr. Weeks nine days later (Tr. 207), as well as his testimony at the
16 hearing (Tr. 59), that he does not sleep because he is not tired. Tr. 29. Further
17 inconsistent reports to examining providers included Plaintiff's denial to Dr.
18 Higgins that he had significant difficulty with "most activities of daily living such
19 as bathing, cleaning, doing laundry and going grocery shopping" (Tr. 203), which
20 is in direct contrast to Plaintiff's report to Dr. Weeks that he "does very little

1 housework because of back pain” (Tr. 207). Tr. 29. Finally, despite reporting pain
2 in his left hand to the vocational consultant (Tr. 213-14), Plaintiff did not mention
3 any difficulties with his left hand to examining physician Dr. Weeks (Tr. 207). Tr.
4 29. The court notes that Plaintiff’s briefing fails to identify most of the
5 inconsistencies noted by the ALJ. *See Carmickle*, 533 F.3d at 1161 n.2 (court may
6 decline to address issue not raised with specificity in Plaintiff’s briefing).
7 Plaintiff’s inconsistent statements throughout the record was a clear and
8 convincing reason to find him not credible.

9 Fifth, the ALJ found Plaintiff’s activities of daily living were inconsistent
10 with his claimed limitations. Tr. 29. Evidence about daily activities is properly
11 considered in making a credibility determination. *Fair v. Bowen*, 885 F.2d 597,
12 603 (9th Cir. 1989). Plaintiff generally argues, without citation to the record, that
13 the ALJ’s reasoning is “simply inadequate.” ECF No. 12 at 12-13. Plaintiff is
14 correct that a claimant need not be utterly incapacitated in order to be eligible for
15 benefits. *See Orn*, 495 F.3d at 639 (“the mere fact that a plaintiff has carried on
16 certain activities...does not in any way detract from her credibility as to her overall
17 disability.”). However, in this case, “[e]ven where [Plaintiff’s daily] activities
18 suggest some difficulty functioning, they may be grounds for discrediting the
19 claimant’s testimony to the extent that they contradict claims of a totally
20 debilitating impairment.” *Molina*, 674 F.3d at 1113. Here, Plaintiff testified that “if

1 [his] back is really hurting” he can sit for five minutes at a time; he can stand for
2 five to ten minutes before his back starts hurting; and he can walk two blocks before
3 his back starts hurting. Tr. 58. However, as noted by the ALJ, Plaintiff reported to
4 an ER doctor in May 2013 that he “spends most of his days walking and playing
5 with his children.” Tr. 29, 276. Plaintiff also testified that he spends time with his
6 three year old son every day. Tr. 29, 59-60. As noted by the ALJ, caring for a
7 young child “can be quite demanding both physically and emotionally, without any
8 particular assistance.” *See Rollins*, 261 F.3d at 857 (Plaintiff’s ability to care for
9 young children without help undermined claims of totally disabling pain).
10 Moreover, as noted above, Plaintiff denied to Dr. Higgins in January 2012 that he
11 had “significant difficulty with most activities of daily living such as bathing,
12 cleaning, doing laundry, and grocery shopping.” Tr. 203. He only noted that his
13 wrist “gets in the way” when brushing his hair and doing “some cooking.” Tr. 203.
14 Finally, the ALJ “noted that in his self-report [Plaintiff] indicated he is capable of
15 house and yard work, caring for his son, and bathing and caring for his dog. He
16 only indicated that he needed some help from his girlfriend.” Tr. 29. In his reply
17 brief, Plaintiff argues his function report is not inconsistent with his testimony
18 because it includes limitations on his ability to care for his son “when [his] body
19 lets him,” and notes that his girlfriend helps him with caring for his son and his
20 dog. ECF No. 15 at 2-3 (citing Tr. 173). Plaintiff also self-reports that he does

1 house and yard work when his back and wrist “let [him]” and indicates he
2 “sometimes” needs help. Tr. 174. However, while evidence of Plaintiff’s daily
3 activities may be interpreted more favorably to the Plaintiff, the evidence is
4 susceptible to more than one rational interpretation, and therefore the ALJ’s
5 finding must be upheld. See *Burch*, 400 F.3d at 679. This was a clear and
6 convincing reason, supported by substantial evidence, to find Plaintiff not credible.

7 As a final matter, the court finds several statements by the ALJ that may
8 have been intended as reasons to find the Plaintiff not credible, were not clear and
9 convincing. First, the ALJ referenced a comment by Plaintiff at the May 2013 ER
10 visit that he is “awaiting social security to pick him up” as “suggestive of a
11 motivation for secondary gain with reference to his allegation of a history of
12 chronic low back pain.” Tr. 28, 276. While an ALJ may consider motivation and
13 the issue of secondary gain in evaluating credibility; this single statement cited by
14 the ALJ is not substantial evidence to support a conclusion that Plaintiff was
15 motivated by secondary gain. See *Matney on Behalf of Matney v. Sullivan*, 981
16 F.2d 1016, 1020 (9th Cir. 1992). Second, as part of the analysis regarding
17 Plaintiff’s inconsistent statements, the ALJ briefly referenced Plaintiff’s testimony
18 that he has incurred multiple felonies. Tr. 29. An ALJ may discredit a claimant’s
19 allegations based on relevant character evidence including criminal history. See
20 *Bunnell*, 947 F.2d at 346; *Albidrez v. Astrue*, 504 F.Supp.2d 814, 822 (C.D. Cal.

2007) (convictions for crimes of moral turpitude are proper basis for adverse credibility determination). Here, as noted by Plaintiff, the relevance of his criminal history in this context is not clearly explained by the ALJ, and thus does not qualify as a specific, clear and convincing reason to discount Plaintiff's credibility. ECF No. 12 at 12. However, these errors are harmless because, as discussed in detail above, the remaining reasoning and ultimate credibility finding is adequately supported by substantial evidence. *See Carmickle*, 533 F.3d at 1162-63.

For all of these reasons, and having thoroughly reviewed the record, the court concludes that the ALJ supported his adverse credibility finding with specific, clear and convincing reasons supported by substantial evidence.

B. Medical Opinions

There are three types of physicians: "(1) those who treat the claimant (treating physicians); (2) those who examine but do not treat the claimant (examining physicians); and (3) those who neither examine nor treat the claimant [but who review the claimant's file] (nonexamining [or reviewing] physicians)." *Holohan v. Massanari*, 246 F.3d 1195, 1201–02 (9th Cir. 2001) (citations omitted). Generally, a treating physician's opinion carries more weight than an examining physician's, and an examining physician's opinion carries more weight than a reviewing physician's. *Id.* If a treating or examining physician's opinion is uncontradicted, the ALJ may reject it only by offering "clear and convincing

1 reasons that are supported by substantial evidence.” *Bayliss v. Barnhart*, 427 F.3d
2 1211, 1216 (9th Cir. 2005). Conversely, “[i]f a treating or examining doctor's
3 opinion is contradicted by another doctor's opinion, an ALJ may only reject it by
4 providing specific and legitimate reasons that are supported by substantial
5 evidence.” *Id.* (citing *Lester v. Chater*, 81 F.3d 821, 830–831 (9th Cir. 1995)).

6 The opinion of an acceptable medical source such as a physician or
7 psychologist is given more weight than that of an “other source.” *See* SSR 06-03p
8 (Aug. 9, 2006), *available at* 2006 WL 2329939 at *2; 20 C.F.R. § 416.927(a).
9 “Other sources” include nurse practitioners, physician assistants, therapists,
10 teachers, social workers, and other non-medical sources. 20 C.F.R. §§ 404.1513(d),
11 416.913(d). The ALJ need only provide “germane reasons” for disregarding an
12 “other source” opinion. *Molina*, 674 F.3d at 1111. However, the ALJ is required to
13 “consider observations by nonmedical sources as to how an impairment affects a
14 claimant's ability to work.” *Sprague v. Bowen*, 812 F.2d 1226, 1232 (9th Cir.
15 1987). Here, Plaintiff argues the ALJ failed to properly weigh and consider the
16 examining medical opinions from Dr. Jeanette Higgins, Dr. Kevin Weeks, and
17 Robert Cornell, M.S., C.V.E. ECF No. 12 at 15-17.

18 **1. Dr. Jeanette Higgins**

19 In January 2012, Dr. Higgins examined Plaintiff and completed a
20 psychological evaluation to assist in determining eligibility for “SSA disability

1 benefits.” Tr. 202-205. Dr. Higgins diagnosed attention-deficit/hyperactivity
2 disorder NOS (provisional); cannabis dependence; and alcohol dependence in
3 sustained full remission by self-report. Tr. 204. Dr. Higgins conducted an interview
4 and mental status examination and opined functional limitations, including: mild to
5 moderate limitations on Plaintiff’s ability to make judgments on simple work-
6 related decisions; moderate to marked limitation on his ability to understand,
7 remember and carry out complex instructions; mild limitations on his ability to
8 interact appropriately with the public; mild to moderate limitation on his ability
9 interact with a supervisor; and moderate limitation on his ability to respond
10 appropriately to usual work situations and to changes in routine work setting. Tr.
11 204. However, Dr. Higgins opined that Plaintiff “could likely function in a work
12 environment that did not require independent decision making responsibilities and
13 had firm, consistent, and available supervision.” Tr. 204-205.

14 The ALJ granted Dr. Higgins’ opinion weight and noted she was able to
15 review the evidence and examine the Plaintiff. Tr. 30. Plaintiff argues that the
16 functional limitations opined by Dr. Higgins, “together with Dr. Higgins [sic]
17 assessed GAF score of 50, which is in the serious/impairment range, renders
18 [Plaintiff] unemployable.” ECF No. 12 at 15. As an initial matter, the court notes
19 that Plaintiff does not offer case law or citation to the record to support the general
20 contention that he is “unemployable” based on Dr. Higgins’ opinion; nor does

1 Plaintiff challenge the ALJ's assessed RFC or findings at step five, based on the
2 vocational expert's testimony, that jobs exist in the national economy that Plaintiff
3 can perform. *See Carmickle*, 533 F.3d at 1161 n.2 (court may decline to address
4 issue not raised with specificity in Plaintiff's briefing). As noted above, Dr.
5 Higgins specifically opined that Plaintiff *could* likely function in a work
6 environment that accommodated his limitations. *See* Tr. 204-205. Moreover, as
7 properly noted by Defendant, Plaintiff "overemphasizes the significance of one
8 low GAF score." ECF No. 14 at 14. The Commissioner has explicitly disavowed
9 the use of GAF scores as indicators of disability. 65 Fed. Reg. 50746-01, 50765
10 (August 21, 2000) ("The GAF scale ... does not have a direct correlation to the
11 severity requirements in our mental status disorder listings.").

12 Finally, as argued by Defendant, it appears that the ALJ properly accounted
13 for the functional limitations opined by Dr. Higgins in the assessed RFC that limits
14 Plaintiff to "simple, routine, repetitive tasks; superficial interaction with the public;
15 occasional interaction with coworkers; and would work best with no tandem tasks
16 performed." Tr. 23. Plaintiff fails to identify with specificity any discrepancy
17 between Dr. Higgins' opinion, and the RFC assessed by the ALJ. Thus, even
18 assuming that the ALJ improperly considered Dr. Higgins' opinion, any error
19 would be harmless. *Molina*, 674 F.3d at 1115 (error is harmless "where it is
20 inconsequential to the [ALJ's] ultimate nondisability determination.").

2. Dr. Kevin Weeks

In January 2012, Dr. Weeks conducted an examination of Plaintiff and diagnosed him with “chronic nonunion right scaphoid wrist” and back pain and stiffness. Tr. 210. Dr. Weeks functional assessment opined that Plaintiff was limited to standing and walking for six hours in an eight hour workday; no limitations on sitting; no postural activities; no limitations on workplace environmental activities; mildly limited grip strength otherwise no limitations; and limitations of “10 pounds both occasionally and frequently due to nonunion of the right wrist.” Tr. 210. The ALJ granted “weight” to Dr. Weeks’ opinion and noted that he was able to review the evidence and examine the Plaintiff. Tr. 30.

Plaintiff argues that “Dr. Weeks limited [Plaintiff] to lifting and carrying 10 pounds, which would render [Plaintiff] unemployable.” ECF No. 12 at 16. However, as noted by Defendant, the ALJ accounted for Dr. Weeks’ opinion in the assessed RFC by expressly limiting Plaintiff to “lifting and carrying 10 pounds occasionally and 10 pounds frequently with the right upper extremity.” ECF No. 14 at 16 (citing Tr. 23). Plaintiff does not identify with specificity any discrepancy between Dr. Weeks’ opinion and the RFC; nor does Plaintiff challenge the ALJ’s assessed RFC or findings at step five, based on the vocational expert’s testimony, that jobs exist in the national economy that Plaintiff can perform. *See Carmickle*, 533 F.3d at 1161 n.2 (court may decline to address issue not raised with specificity

1 in Plaintiff's briefing). Thus, even assuming that the ALJ improperly considered
2 Dr. Weeks' opinion, any error would be harmless. *Molina*, 674 F.3d at 1115 (error
3 is harmless "where it is inconsequential to the [ALJ's] ultimate nondisability
4 determination.").

5 **3. Robert Cornell, M.S., C.V.E.**

6 Plaintiff "was referred to [Mr. Cornell, a vocational consultant,] to identify a
7 level of academic achievement, as well as dexterity and manual manipulation." Tr.
8 212. Mr. Cornell administered several tests, including: the Wide Range
9 Achievement Test – Revised Level 3 ("WRAT-R3") to measure academic levels;
10 the Pennsylvania Bi-Manual Worksample to assess finger dexterity, gross
11 movement of both arms, and hand eye coordination; and the Crawford Small Parts
12 Dexterity Test to measure fine eye-hand coordination and finger dexterity. Tr. 213-
13 15. Mr. Cornell found that Plaintiff performed "below average" on all the subtests,
14 and noted that he "appear[ed] to be in distress" as he worked through the various
15 activities. Tr. 215. He further noted that Plaintiff's fifth grade level for reading and
16 math, and third grade spelling level, would limit Plaintiff's choices in the labor
17 market. Tr. 215. Overall, Mr. Cornell opined that "[w]hen considering his limited
18 academic abilities, chronic pain issues, and below average abilities for dexterity
19 and manual manipulation, it is this vocational evaluation specialist's opinion that
20

1 there are no jobs in the national labor market that [Plaintiff] could perform in as
2 gainful activity.” Tr. 216.

3 The ALJ granted Mr. Cornell’s opinion “little weight” for several reasons.
4 Tr. 30. Plaintiff’s sole argument is that the ALJ erred by finding that Mr. Cornell
5 “failed to provide the validity” of the testing results of the WRAT-R3. ECF No. 12
6 at 16 (citing Tr. 30). Defendant argues that the validity of cognitive testing scores
7 is a proper factor for the ALJ to consider in evaluating a medical opinion. ECF No.
8 14 at 17-19. However, regardless of whether validity of testing is generally
9 permissible for an ALJ to consider, Plaintiff correctly notes that the ALJ’s
10 reasoning in this case is vague and “unclear.” It is “unclear” in what manner, or for
11 what purpose, the ALJ expected Mr. Cornell to validate this particular test. Thus,
12 this was not a germane and specific reason to reject Mr. Cornell’s opinion. *See*
13 SSR 06-03p, *available at* 2006 WL 2329939 at *4 (the ALJ must “ensure that the
14 discussion of the evidence in the determination or decision allows a claimant or
15 subsequent reviewer to follow the adjudicator’s reasoning”). This error is harmless,
16 however, because the remaining reasoning and ultimate finding regarding Mr.
17 Cornell’s opinion is adequately supported by substantial evidence. *See Carmickle*,
18 533 F.3d at 1162-63.

19 First, while not identified or challenged by Plaintiff, the ALJ also found that
20 Mr. Cornell’s findings on examination were “significantly different” than Dr.

1 Weeks' examination. Tr. 30. The consistency of a medical opinion with the record
2 as a whole is a relevant factor in evaluating that medical opinion. *Orn*, 495 F.3d at
3 631; *see also* SSR 06-03p, *available at* 2006 WL 2329939 at *5 (“[t]he fact that a
4 medical opinion is from an ‘acceptable medical source’ is a factor that may justify
5 giving that opinion greater weight than an opinion from a medical source who is
6 not an ‘acceptable medical source.’”). Dr. Weeks noted no abnormalities in the
7 wrists, fingers or thumbs; normal motor strength; and only a mildly decreased grip
8 strength in the right hand only. Tr. 30, 209-10. This is inconsistent with Mr.
9 Cornell’s findings that Plaintiff had a below average performance on dexterity
10 testing, and “an increase of pain, aching and cramping of his hands, thumbs and
11 wrists;” which, in Mr. Cornell’s opinion, would make it difficult for him to
12 function in jobs requiring the use of upper extremities with regards to reaching,
13 handling and fingering activities. Tr. 215. The ALJ also properly noted that
14 Plaintiff reported problems with his left hand to Mr. Cornell, but failed to mention
15 any difficulties with his left hand to Dr. Weeks. Tr. 29. The inconsistency between
16 the opinion of Dr. Weeks, who is an acceptable medical source, and the opinion of
17 Mr. Cornell, who is considered an “other” source, was a germane and specific
18 reason to discount Mr. Cornell’s opinion.

19 Second, again unchallenged by the Plaintiff, the ALJ found that Mr.
20 Cornell’s conclusions “was apparently based in significant part upon [Plaintiff’s]

1 unreliable subjective allegations.” Tr. 30. “An ALJ may reject a treating
2 physician’s opinion if it is based ‘to a large extent’ on a claimant’s self-reports that
3 have been properly discounted as incredible.” *Tommasetti v. Astrue*, 533 F.3d
4 1035, 1041 (9th Cir. 2008). In support of this reasoning, the ALJ cites Mr.
5 Cornell’s consistent reference to Plaintiff’s complaints of pain and cramping in his
6 hands, thumbs, and wrists; and “groaning sounds” made throughout Mr. Cornell’s
7 testing. Tr. 30, 214-15. As discussed in detail above, the ALJ’s adverse credibility
8 finding in this case was supported by substantial evidence. This was a germane
9 reason to reject Mr. Cornell’s opinion.

10 CONCLUSION

11 After review the court finds the ALJ’s decision is supported by substantial
12 evidence and free of harmful legal error.

13 ACCORDINGLY, IT IS HEREBY ORDERED:

14 1. Plaintiff’s Motion for Summary Judgment, ECF No. 12, is **DENIED**.

15 2. Defendant’s Motion for Summary Judgment, ECF No. 14, is

16 **GRANTED.**

1 The District Court Executive is hereby directed to enter this Order and
2 provide copies to counsel, enter judgment in favor of the Defendant, and **CLOSE**
3 the file.

4 **DATED** March 31, 2016.

5 *s/Fred Van Sickle*
6 Fred Van Sickle
7 Senior United States District Judge
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